County: St. Croix ST CROIX HEALTH CENTER 1445 NORTH 4TH STREET
 NEW RICHMOND
 54017
 Phone: (715)
 246-6991

 Operated from 1/1
 To 12/31
 Days of Operation: 366

 Operate in Conjunction with Hospital?
 No

 Number of Beds Set Up and Staffed (12/31/00): 129

 Total Licensed Bed Capacity (12/31/00): 129

 Number of Residents on 12/31/00: 91
 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 93 ***********************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	30. 8 38. 5
Supp. Home Care-Household Services Day Services	No Yes	Developmental Disabilities Mental Illness (Org./Psy)	1. 1 31. 9	Under 65 65 - 74	4. 4 17. 6	More Than 4 Years	30. 8
Respite Care	No No	Mental Illness (Other)	20. 9	75 - 84 85 - 94	33. 0	*******	100.0
Adult Day Care Adult Day Health Care	No	Al cohol & Other Drug Abuse Para-, Quadra-, Hemi pl egi c	0. 0 0. 0	95 & 0ver	39. 6 5. 5	Full-Time Equivalen	
Congregate Meals Home Delivered Meals	No No	Cancer Fractures	2. 2 5. 5	_	100. 0	Nursing Staff per 100 Re (12/31/00)	si dents
Other Meals Transportation	No No	Cardi ovascul ar Cerebrovascul ar	4. 4 6. 6	65 & 0ver	95.6	RNs	16. 0
Referral Service Other Services	No No	Di abetes Respi ratory	11. 0 5. 5	Sex	%	LPNs Nursing Assistants	7. 7
Provide Day Programming for Mentally Ill	Yes	Other Medical Conditions	11. 0	Male Female	35. 2 64. 8	Aides & Orderlies	45. 4
Provi de Day Programming for			100. 0	T CHRIT C			
Developmentally Disabled	Yes		****	· · · · · · · · · · · · · · · · · · ·	100.0	 	****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther		Pi	Private Pay		N	/anage	d Care		Percent	
			Per Die	m	n Per Diem			Per Diem		m	Per Diem		1	Per Diem Tota			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	1	11. 1	\$450.00	4	6. 2	\$115.53	0	0. 0	\$0.00	1	5. 9	\$135.00	0	0. 0	\$0.00	6	6. 6%
Skilled Care	8		\$318. 85	56	86. 2	\$97. 90	ŏ	0. 0	\$0.00	15		\$120.00	ŏ	0. 0	\$0.00	79	86. 8%
Intermedi ate				4	6. 2	\$80. 27	0	0.0	\$0.00	1	5. 9	\$110.00	0	0.0	\$0.00	5	5. 5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				1	1.5	\$147.85	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 1%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		65	100. 0		0	0.0		17	100.0		0	0.0		91	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 10.3 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 3. 4 Baťhi ng 2. 2 60.4 37. 4 91 Other Nursing Homes 0.9 **Dressing** 15. 4 50. 5 34. 1 91 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 82. 1 Transferring 24. 2 42.9 33.0 91 14.3 38. 5 91 0.9 Toilet Use 47.3 0.0 Eating 48. 4 28.6 23. 1 91 ****** Other Locations 2.6 Total Number of Admissions 117 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6.6 8.8 Private Home/No Home Health 19.7 Occ/Freq. Incontinent of Bladder 53.8 1. 1 Private Home/With Home Health 14.8 Occ/Freq. Incontinent of Bowel 38. 5 0.0 Other Nursing Homes 4. 9 5. 5 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 26. 2 Mobility 5. 5 Physically Restrained 0.8 9.9 35. 2 0.0 Other Locations 9. 0 Skin Care Other Resident Characteristics 24. 6 Deaths With Pressure Sores 4. 4 Have Advance Directives 100.0 Total Number of Discharges With Rashes 13. 2 Medi cati ons 122 Receiving Psychoactive Drugs (Including Deaths) 65.9

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed Size:		Li ce	ensure:		
	This Government			100-	199	Ski l	l ed	Al l	
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	72. 1	82. 7	0. 87	83. 6	0. 86	84. 1	0. 86	84. 5	0.85
Current Residents from In-County	74. 7	85. 7	0. 87	86. 1	0.87	83. 5	0.89	77. 5	0. 96
Admissions from In-County, Still Residing	17. 9	34. 4	0. 52	22. 5	0.80	22. 9	0. 78	21. 5	0.83
Admissions/Average Daily Census	125. 8	67. 7	1. 86	144. 6	0. 87	134. 3	0. 94	124. 3	1.01
Discharges/Average Daily Census	131. 2	72. 5	1. 81	146. 1	0. 90	135. 6	0. 97	126. 1	1.04
Discharges To Private Residence/Average Daily Census	45. 2	23. 7	1. 91	56 . 1	0. 80	53. 6	0.84	49. 9	0. 91
Residents Receiving Skilled Care	93. 4	83. 9	1. 11	91. 5	1. 02	90. 1	1. 04	83. 3	1. 12
Residents Aged 65 and Older	95. 6	83. 5	1. 15	92. 9	1.03	92. 7	1.03	87. 7	1.09
Title 19 (Medicaid) Funded Residents	71. 4	77. 2	0. 92	63. 9	1. 12	63. 5	1. 12	69. 0	1.04
Private Pay Funded Residents	18. 7	17. 9	1. 05	24. 5	0. 76	27. 0	0. 69	22. 6	0.83
Developmentally Disabled Residents	1. 1	3. 4	0. 32	0. 8	1. 34	1. 3	0. 88	7. 6	0. 14
Mentally Ill Residents	52. 7	56. 6	0. 93	36. 0	1.46	37. 3	1.41	33. 3	1. 58
General Medical Service Residents	11. 0	14. 3	0. 77	21. 1	0. 52	19. 2	0. 57	18. 4	0. 60
Impaired ADL (Mean)	56 . 5	50.8	1. 11	50. 5	1. 12	49. 7	1. 14	49. 4	1. 14
Psychological Problems	65. 9	61. 2	1. 08	49. 4	1. 34	50. 7	1. 30	50. 1	1. 32
Nursing Care Required (Mean)	9. 2	6. 6	1. 39	6. 2	1.49	6. 4	1. 43	7. 2	1. 29